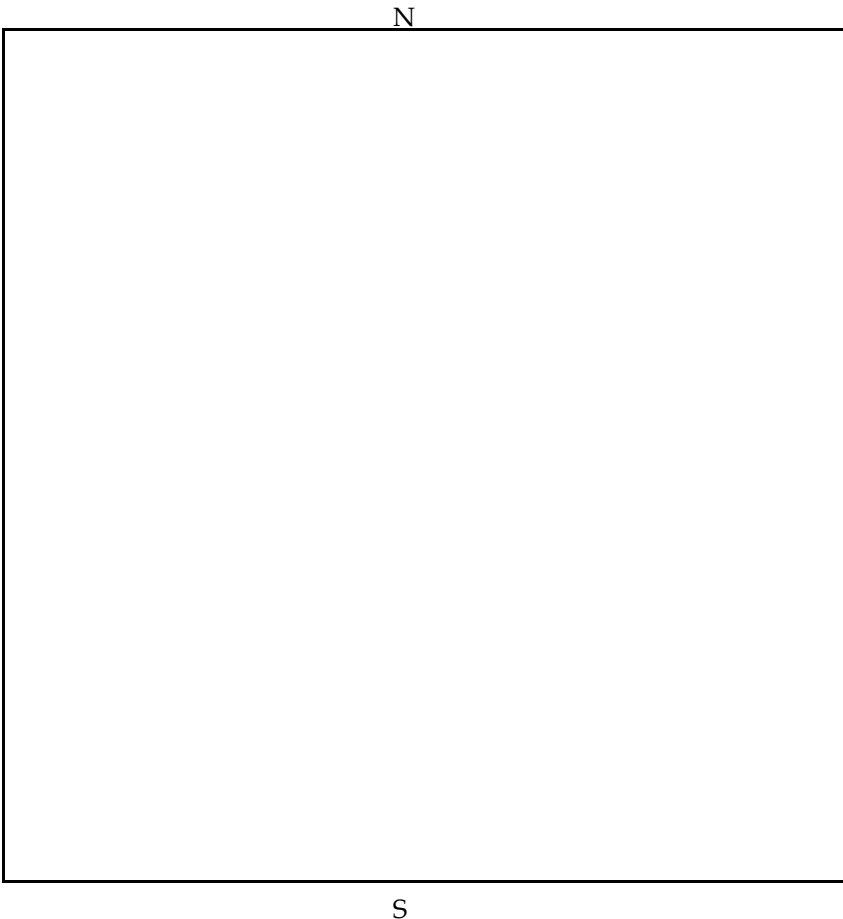


IDAHO STATE DEPARTMENT OF AGRICULTURE  
Division of Plant Industries  
P.O. Box 790, Boise, Idaho 83701  
**APPLICATION FOR ORGANIC CROP INSPECTION**

Name \_\_\_\_\_ Farm Name \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
Telephone/Fax/E-mail \_\_\_\_\_  
Acres \_\_\_\_\_ Number of Fields \_\_\_\_\_  
Location of Operation From Town \_\_\_\_\_

FARM/FIELD LOCATION MAP: Give exact location of farm or fields from house, roads or other identifying landmarks. Use one map for each farmstead. In the table below list field number, crop, and status: organic (O), or conventional (C). Application deadline is **April 30<sup>th</sup>**.



Field #	Acres	Crop	O C

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Comments:

